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67,008-080; S5643 Attorney Docket Number **DECLARATION FOR UTILITY OR David Schmaling First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Herewith Herewith Filing Date ☑ Declaration Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

| | As a below named inventor, I hereby declare that: | | | | | | | |
|---|--|---|------------|--------------------------------|----|-------------------------|---|---------------------|
| | My residence, mailing address, and citizenship are as stated below next to my name. | | | | | | | |
| | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| | NON-DESTRUCTIVE DIAGNOSTIC APPARATUS FOR IDENTIFYING DEFECT TYPE IN CORE COMPOSITE STRUCTURES | | | | | | | |
| | (Title of the Invention) | | | | | | | |
| | the specification of which | | | | | | | |
| | ✓ is attached hereto | | | • | | | | |
| | OR as United States Application Number or PCT International | | | | | T International | | |
| | Was filed on (MM/DD/YYYY) Application Number (if applicable). | | | | | (if applicable). | | |
| | and was amended on (MM/DD/YYYY) | | | | | | | |
| | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | |
| | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | ing for continuation- nd the national or | |
| | I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | |
| | Prior Foreign Application Number(s) | C | Country | Foreign Filing Da (MM/DD/YYYY) | te | Priority Not Claimed | Certified C YES | opy Attached? NO |
| | | | | | | <u>.</u> | | |
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| | Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | | |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | | |
| | Application Number(s) | | Filing Dat | e (MM/DD/YYYY) | | | | |
| | | ł | | | | | al provisional a are listed on a | |
| | | | | | İ | | ental priority d | |
| | | | | | | PTO/SB/ | 02B attached | hereto. |
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[Page 1 of 2]

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| NAME OF SOLE OR FIRST INV | ENTOR: | | A petitio | n has been file | ed for this unsigned inventor | |
| Given Name David N(first and middle [if any]) | Given Name David N. Family Name Schmaling | | | | | |
| Inventor's Signature Sarvain & | chmel | | | | Date /0/22/03 | |
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| NAME OF SECOND INVENTOR | | | A petitio | n has been fil | ed for this unsigned inventor | |
| Given Name David A. Family Name or Surname Or Surname | | | | | | |
| Inventor's David A, Davron & Date 12/2003 | | | | | | |
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| City Hamden | CT State | | ZIP 065 | 14 | Country U.S. | |
| ☐ Additional inventors are being named | I on thesupp | lemental Addition | nal Invento | or(s) sheet(s) PT(| D/SB/02A attached hereto. | |

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REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

| | | | |
|-----------------------|------------------------|------|------------------------|
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